



---

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**  
Site Code 795M, 2200 N. Central Ave. • P.O. Box 6123, Phoenix, AZ 85005-6123

---

**AUGMENTATIVE COMMUNICATION PROGRAM  
PARENT/GUARDIAN RELEASE OF INFORMATION CONSENT**

You have requested an augmentative communication device for  
DES/DDD Managed Care Operations needs your written consent to release the following information to the  
manufacturer(s):

- ☐ Copy of the augmentative communication evaluation
- ☐ Copy of the physician's prescription for medical necessity
- ☐ Telephone number of private insurance company
- ☐ Copy of private insurance card, if available

All information released to the manufacturer will be handled according to the DES/DDD confidentiality statute. The  
information will be forwarded by the manufacturer to your private insurance company to obtain the Explanation of  
Benefits (EOB) letter.

Please sign below indicating that you have read, understand and agree to the Release of Information.

---

Parent/Guardian's Name (*Please print*)

---

Parent/Guardian's Signature

---

Date

**Attach completed form to Referral Packet. See the Referral Checklist (DD-301).**

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.